



ACTS Retreat for Women

November 14 – November 17, 2019

Retreat Location: Queen of Apostles Renewal Centre, Mississauga, Ontario
Sponsoring Parish: St. Josephine Bakhita Catholic Church, Mississauga, Ontario

Catholic Women present an ACTS weekend retreat under guidance of clergy. The goals of the retreat are to help you to strengthen your faith and its application in your daily life, to renew yourself spiritually, and to build community through lasting friendships.

The retreat begins Thursday evening **November 14th** at 6:30 pm at Queen of Apostles Renewal Centre. The retreat will end on Sunday, November 17th with 12:30 PM Mass and reception at St. Josephine Bakhita Church in Mississauga.

The cost of the retreat is **\$325.00** payable in cash or by credit card or by cheque made payable to "**Queen of Apostles Renewal Centre**". If you cannot pay in full at this time, a deposit of **\$100.00** will reserve your place. The remaining balance will be due at the Thursday evening check-in. You will receive a letter within 10 days of the retreat detailing the necessities you should bring and where we will be gathering for the retreat. Financial difficulties should not prevent anyone from attending. A limited amount of "need-based" financial assistance is available. To arrange for financial assistance or further information, please contact:

Peggy Schreader (416)-270-3690 – Director

Please send (mail or email) your completed registration form and payment to:

St. Patrick's Church (Attn: Women's ACTS Retreat)

921 Flagship Dr., Mississauga, ON L4Y 2J6

(NOTE: Cheque Payable To: Queen of Apostles Renewal Centre)

Email: actscanadawomen@gmail.com

PLEASE DETACH AND RETURN THE BOTTOM PORTION TO THE ABOVE ADDRESS.

Last Name _____ First Name _____

Email _____ Name for your ID badge _____

Home Phone _____ Work/Cell Phone _____

Address: _____ City _____ Province _____ Postal Code _____

Single _____ Married _____ Date of Birth _____ Parish/Church _____

Identify any specific dietary or medical needs during the weekend _____

****EMERGENCY CONTACT INFORMATION BELOW MUST BE PROVIDED:**

**** In case of emergency, contact _____ ** Relationship: _____**

****Address: _____ **Home Phone _____**

**** Email: _____ **Work/Cell Phone _____**

I have enclosed my deposit of \$100.00

I have enclosed full payment of \$325.00



Credit Card # _____ Expiry Date: _____

Name of Cardholder _____